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Revising health assessments for disability benefits

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Summary

The Department for Work & Pensions' (the Department's) Health Transformation Programme (the Programme) is a much-needed opportunity to improve the experience of over 3.9 million people who currently receive disability benefits. Despite providing essential financial support for some of those most in need, the current process for applying for disability benefits can be lengthy and stressful for claimants. The Department also finds the process complicated to administer. It can take a long time for it to process claims and the process is inherently judgement based, often leading to claimants successfully challenging the Department's decision.

The Programme is ambitious and, although it started in 2018, it is still at an early stage. The Programme was formally reset in 2019 and further delayed due to reprioritisation during the pandemic. The Department has so far focused on setting up contracts to provide continuity of functional health assessment services, setting up programme governance, developing its business case and establishing two new offices in Birmingham and London for test-and-learn activity. The Department's approach to monitoring the Programme has also so far focused on process rather than on improving the experience of claimants. The Department expects to be ready soon to test an improved service at scale. This is the stage where it will face significant risks that we have seen derail other major government programmes.

Ultimately the success of the Programme depends on whether it will transform the experience of claimants when applying for disability benefits. We see the greatest risk as the possibility that the Department may deliver a new Health Assessment Service to process claims by 2029, without achieving this important transformational change in the experience of claimants on which the wider benefits of the programme rely. The programme is one of the largest transformation and service delivery programmes by value in the Government's current portfolio.

Introduction

The Department for Work & Pensions (the Department) supports people with disabilities through a range of disability benefits, including Employment and Support Allowance (ESA), Universal Credit (UC) and Personal Independence Payments (PIP). There are around 3.9 million working-age people receiving at least one of the principal disability benefits. The Department uses functional health assessments to help it assess whether people are eligible for disability benefits. DWP currently contracts with three providers to undertake functional health assessments, with one providing Work Capability Assessments and the other two providing assessments for Personal Independence Payments (PIP).

The Department set up the Health Transformation Programme (the Programme) in July 2018 to transform the functional health assessment and PIP application processes. It aims to do this by digitising the process, enabling online applications, improving case management, and triaging claims. As a result, the Programme aims to make the health assessment process simpler, more user-friendly, easier to navigate and more joined up for claimants, while delivering better value for money for the taxpayer. The Department expects the programme to cost £1 billion, of which it has spent £168 million up to March 2023. It expects the programme to achieve benefits equivalent to £2.6 billion by improving the speed and accuracy of its decisions, giving claimants better support, and improving claimants' trust in the decisions the Department makes. It believes this will reduce its own costs and deliver £1.3 billion of wider societal benefits, mostly through increasing claimant engagement with employment support which can then lead to higher employment of those with disabilities.

The Department plans to roll out its new service—the Health Assessment Service—for managing health assessments and claims for PIP by 2029. Until then, the Department intends for an interim assessment service—the Functional Assessment Service—to be provided under four geographic contracts from 2024 to 2029, covering the whole of Great Britain and costing around £2 billion. The Department has also set up two new offices—Health Transformation Areas—in London and Birmingham to develop the new service in house, outside of the outsourced Functional Assessment Service.

Conclusions and recommendations

1. **The success of the Health Transformation Programme depends on the Department's ability to genuinely transform the experience people have when applying for disability benefits.** The Department wants the Programme to reduce the running costs of administering benefits by digitising the process, introducing an online application process, and using data to triage claims to reduce the need for face-to-face assessments and to redirect claimants to more suitable support. It wants this to also improve claimants' experience and trust in its decision making by speeding up the assessment process, making decisions more quickly, removing the use of paper and using case managers to help claimants with the whole process. It expects the Programme to cost around £1 billion and to deliver benefits equivalent to £2.6 billion. Of these benefits, half (£1.3 billion) are wider societal benefits from increased engagement in the labour market and increased claimant employment. These wider benefits rely extensively on the Programme transforming claimant's experience and improving claimants' trust, which may be more challenging to achieve than the process improvements. Without these wider benefits, the Programme would be far less likely to be value for money.

2. **There is a risk that the Department will deliver a new service without the important improvements to claimant's experience.** The Department intends to make a lot of changes to the process of making a claim before it launches the new health assessment service in 2029. In advance of this, it plans to build its own case management IT system and develop the new service. It then needs to use a 'test-and-learn approach' to trial changes and identify what works to improve the claimant experience. The Department needs to have identified exactly what its new health assessment service will look like by 2027 to either invite the private sector to bid for new contracts or prepare to bring the service in-house. The Department recognises that if its test-and-learn activity reveals the proposed changes do not deliver the intended transformation in claimant experience, it can still issue the contracts for 2029 based on the current service. Given the extent of changes it wants to trial before 2027, we believe the greatest risk to the programme is that the Department focuses exclusively on the delivery of a new digitalised service, without achieving the important transformational change in the experience of claimants on which the wider benefits of the programme rely.

   Recommendation 1: ***The Department should publish a revised business case, no later than spring 2024, with details on how its desired transformation of the health assessments for disability benefits will result in the promised benefits for claimants and how it will track and assess progress towards this.***

3. **The Department's approach to monitoring the Programme's progress and performance has so far focused on process and not on the transformation of the service for benefit claimants.** The Department has not yet completed the work needed to define how it will track progress with its test-and-learn activity. The Department published an evaluation strategy in May 2023 which sets out its nine key performance indicators for the Programme. These are focused on the process of running the service, such as the average cost of the service or the capacity and demand for health assessments, rather than tracking the experience of claimants.

The Department has not set out what performance measures it will use to ensure that the Programme delivers the benefits promised for claimants, such as increased trust in services and decisions made. The Department does not yet have the data it needs to undertake testing and to judge if the new Health Assessment Service is successful, but intends that the outline business case for the Programme, expected in 2024, will set out how it will fill these data gaps.

Recommendation 2: ***The Department should publish, as part of its new business case and through annual progress reports, outcome indictors that include the benefits of the Programme for claimants, which it, Parliament and the public can use to:***

- ***evaluate its testing of the new service, including establishing baseline performance against the 47 key performance indicators;***
- ***assess whether it is on track to achieve the benefits it intends for claimants; and***
- ***monitor claimants' experience of the Health Assessment Service and Functional Assessment Service.***

4. **The Department's approach to working with contractors as part of the Programme could leave the taxpayer vulnerable to contractual disputes, higher costs and delays.** Integrating digital systems is a common source of contractual failure and dispute. Contractors can use difficulties in the roll-out of a new system as justification for not providing the services expected, or performing to the standards agreed as part of the contract. The National Audit Office identified three sources of this integration that the Department will need to successfully manage. The Department asserts that it has included sufficient flexibility in its contacts with providers to allow it to change them to include the scaling of the service, testing, and integration of systems that it needs. However, the Department is using standard service contracts and each change will need to be negotiated separately, which can be time consuming and introduces the risk of both cost increases and delay. We are also concerned that, without an alternative viable option, the contractors involved in testing the new service could have an advantage when it comes to letting contracts for the new health assessment service in 2029. The Department intends to keep the option of bringing the service in-house service when it decides in 2027 how to deliver the new transformed service from 2029. This will also improve its ability to negotiate with contractors. However, designing, introducing and implementing an in-house service would be time consuming and the Department would need to do a lot of preparatory work to maintain this as a realistic option. Social Security Scotland directly employs its health care professionals for functional health assessments rather than using contractors. The Department has committed to working with Social Security Scotland to understand how this works in practice and what it could learn for the new service.

Recommendation 3a: ***The Department should set out, as part of its Treasury Minute response, how it will:***

- ***incentivise contractors operating under standard service contracts to work with it to expand the test-and-learn activity to the level needed with excessive time and cost implications; and***
- ***manage the risk of that FAS contractors will gain a competitive advantage should the Department decide to contract out the transformed health assessment service in 2029;***
- ***manage the procurement process to promote competition between contractors in order to reduce the costs to the taxpayer.***

b) ***The Department should set out as part of its Treasury Minute response how it will identify and learn lessons from the approach taken by devolved administrations, to help it retain bringing the service in house as an alternative delivery option.***

5. **We are concerned that the Department has not done enough to communicate and engage with the public and claimants about what they can expect from the revised service.** The Department is more likely to achieve its ambition to improve the service if it works with disabled people and their representative bodies to identify the best ways of delivering functional health assessments. The Department has engaged with national and local stakeholder groups and has held 18 stakeholder workshops with over 72 different organisations. The Department asserts that it has used customers' feedback to help it design parts of the service, for example the wording on the screen and how claimants navigate through the process. Some charities and stakeholder groups welcome the Department's proposed changes, specifically, its decision to trial having more specialist assessors for specific health conditions. However, the Department has not promoted the Programme widely to the public. Given the scale of the project and the number of clients that it will impact, the Department agrees that it should consider a national campaign to improve claimant awareness of the changes it is proposing to adopt. However, the Department does not currently intend to consider this until it reaches the stage of at scaling up the programme, which will not happen for a couple of years.

   Recommendation 4: ***The Department should set out as part of its Treasury Minute response how it will:***

   - ***fully involve claimants in the design and implementation of the changes it plans to the disability benefits system; and***
   - ***raise awareness nationally of the changes it is making to the health and disability benefits system and what this will look like in practice for claimants.***

6. **The Department has not worked out how it will manage the inevitable differences between claims made and processed in its new test areas and in areas using the current service.** A key objective of the Programme is to help the Department make the benefit decision 'right the first time more of the time'. Around 15% of initial decisions where the claimant was not awarded the full amount for their PIP payment are later revised by the Department through mandatory reconsideration or having been overturned at appeal. The Department is testing improvements to health assessments and the PIP application service within its health transformation

areas in London and Birmingham. By 2026, the Department intends to process up to 20% of new claims using the new service. The Department hopes that these claimants will experience a faster process and improved accuracy in initial decisions. The Department claims that it has a low tolerance for inconsistencies between the new service it is developing and the existing service, and that both services should apply the same legislation and provide the same standard of service. There is an opportunity for the Department to learn from improvements they are making in the current service and input these to the new services so that they can be much improved for clients.

Recommendation 5: ***The Department needs to monitor and publish data on the services provided in each transformation area and by each provider, so it can identify and manage any differences in the standard of service being delivered. This should include measures of how initial health assessment recommendations are changed by DWP officials and decisions are altered at mandatory reconsideration and appeal.***

7. **It is not acceptable that the Department has spent £168 million on the Programme, and is about to commit to a further £2 billion for the Functional Assessment Service, without being transparent to Parliament about whether it is meeting Accounting Officer standards.** All programmes in the Government Major Projects Portfolio (GMPP) should have an Accounting Officer (AO) assessment conducted and summary published at the earliest possible opportunity. Despite having spent £168 million on the Programme since 2018, the Department has not published an AO assessment. We have reported previously that HM Treasury has not done enough to support Accounting Officers to comply with its requirement to complete and publish AO assessments. The updated HM Treasury guidance published May 2023 states that, AO assessments should be published at the earliest decision-making point. The Department asserts that, until the new guidance was published, the Accounting Officer assessment was required to be published at the time of the outline business case and the Programme had not reached that stage. The Department claims that it sought to be transparent about the Programme through other means, but these do not provide sufficient assurance about stewardship of resources which is specific to the Programme. The Department has committed to publish an Accounting Officer assessment alongside its outline business case in Spring 2024.

Recommendation 6: ***HM Treasury should write to the committee within three months, listing any other GMPP programmes that have not published their Accounting Officer assessments, that would be expected to have been already published under its latest guidance. It should also include a rapid timetable for the relevant Departments to publish summary AO assessments now.***

1 Achieving transformation of disability benefits for the benefit of claimants and the taxpayer

1. On the basis of a report by the Comptroller and Auditor General, we took evidence from the Department for Work & Pensions (the Department) about the Health Transformation Programme (the Programme).[1] We also received and considered written evidence from organisations which support people with disabilities.

2. The Department is responsible for administering and assessing disability benefits in England and Wales. In May 2022, there were around 3.9 million working-age people receiving at least one of the principal disability benefits including Personal Independence Payment (PIP), Employment & Support Allowance (ESA) and the health component of Universal Credit (UC). The Department uses contractors who employ healthcare professionals to conduct functional health assessments which the Department uses to determine a person's eligibility for disability benefits. The Department estimates that in 2019–20, it cost £1.1 billion to conduct and decide the eligibility for benefits on 1.9 million assessments. Of this, £410 million was the cost of the assessments the providers carried out.[2] In 2018, the House of Commons Work and Pensions Committee concluded that assessment processes functioned satisfactorily for most claimants, but were failing a substantial minority.[3]

3. The Department set up the Programme in July 2018 to transform the functional health assessment and PIP application processes. It aims to do this by digitising the process, enabling online applications, improving case management, and triaging claims. As a result, the Programme aims to make the health assessment process simpler, more user-friendly, easier to navigate and more joined up for claimants, while delivering better value for money for the taxpayer. The Programme is one of the largest modernisation programmes in the Government's Major Projects Portfolio.[4]

4. The Department plans to roll out its new service—the Health Assessment Service—for managing health assessments and claims for PIP by 2029. Until then, the Department intends for an interim assessment service—the Functional Assessment Service—to be provided under four geographic contracts from 2024 to 2029, covering the whole of Great Britain and costing around £2 billion. The Department has also set up two new offices—Health Transformation Areas—in London and Birmingham to develop the new service in house, outside of the outsourced Functional Assessment Service. The Programme comprises three business cases covering: to design a transformed health assessment service which aims to be fully launched in 2029, to procure interim functional health assessment services from 2024 to 2029 and a third providing the IT for contractors and the Department to use to administer the process. The Programme is expected to be completed in 2029.[5]

1 C&AG's Report, *Transforming health assessments for disability benefits*, Session 2022–23, HC 1512, 23 June 2023
2 C&AG's Report, paras 1–2, 1.3
3 Work and Pensions Committee, PIP and ESA assessments, Seventh Report of Session 2017–19, HC 829, 14 February 2018
4 Q1; C&AG's Report, para 4
5 C&AG's Report, para 4

Achieving the expected benefits from the Programme

5. The Department expects the Programme to test and deliver improvements to the service for delivering disability benefits and efficiencies to the application process. It aims to aims to make the health assessment process simpler, more user-friendly, easier to navigate and more joined-up for claimants, while delivering better value for money for taxpayers. The Department told us that it was attempting to deliver a "radical new way of working" through the Programme and a much more joined-up approach to how it operated. It explained that it was "thinking from first principles" about the whole benefits process, from applying and assessment to decisions and informing claimants about the outcome and whether this would be streamlined.[6]

6. We therefore asked the Department what difference benefit claimants would experience once the Programme was complete. It explained that it was hoping to test a number of improvements, including using specialist assessors and introducing some of the wider set of reforms announced in the government's disability white paper. The Department told us that it had started to introduce an online application process called PIP Apply, in addition to the paper-based application process, which it hoped will "enable people to be taken through the collection of evidence in a more intuitive way".[7] The Department explained that it was also testing whether dedicated case managers could help it better support people through the process of applying for disability benefits. The Department told us that it in essence case managers would be "someone a customer can talk to who is the face of DWP". It explained that it believed case managers will help claimants better understand their eligibility for disability benefits, support them to provide the right evidence for their claim, and better explain the resulting benefit decision.[8]

7. The Department told us that it believed that the service improvements it planned through the Programme will deliver both savings to the taxpayer and benefits for wider society. The Department told us it expected potential savings to the taxpayer though reducing the manual processing of claims by using data to help it triage claims and reduce demand for face-to-face assessments and shorten processing times. It also told us that these service improvements will improve claimants' experience of the service, help it get to the right benefit decision earlier for a claimant and increase trust in its decision.[9] The Department anticipates in its outline business case that the Programme will deliver benefits of £2.6 billion, of which it expects £1.3 billion to come from wider societal benefits.[10] This includes increased engagement in the labour market leading to increased claimant employment.[11]

8. We asked the Department how it would manage the delivery of the Programme and about the testing it was undertaking of the new service. We also asked, if the testing was not sufficient to provide the data it needed, whether it would continue with roll-out of the new service or delay it. The Department recognised it may not be able to deliver all the transformation it wants to before letting the contracts to deliver the service from 2029. It said that it "was being very clear within the Programme on what needs to be ready, what quality needs to be like, what sort of service we are providing … and we will not continue

6 Qq 1, 25, 45
7 Q 1
8 Q 13
9 Qq 33, 45, 76; C&AG's Report, para 2.15
10 Q 5, C&AG's Report, paras 2.15–2.16
11 Q 45; Department for Work & Pensions, Health Transformation Programme evaluation strategy, 25 May 2023

to expand the service unless it is safe to do so and meets our exit criteria".[12] It explained that it will only let the new contracts based on what it is confident that it can deliver, even if that meant that those contracts would include less of the transformational benefits it currently envisaged from the new service. It told us that the rate at which it rolled out the Programme would be determined by how successfully it made progress.[13]

9. We asked the Department whether it was confident that it could deliver the benefits and savings expected from the Programme. The Department told us that it was confident that it could deliver the financial savings, as "the system costs a lot to deliver, so small improvement can save quite a lot of money". But it recognised that the success of the programme depended on 'the [wider] savings and benefits that come from changing people's lives for good', which was "not just supporting some of the most vulnerable people in our country to live independently, but helping and encouraging those who can to live an independent life, which involves some ability to work".[14]

Developing the health assessment service

10. The Department plans to complete the Programme by 2029 with the launch of a new health assessment service. This will require the Department to develop both a new digital system and an operational service to process claims, which both need to be tested.[15] In 2021, the Department introduced health transformation areas, which were intended to provide the Programme with the capability "to look at radical changes to the way" it delivers the service by processing up to 4% of new claims through these areas.[16] Health Transformation Areas are the Department's testing area for developing its new health assessment service, where DWP decision-makers and healthcare professionals are co-located and able to discuss cases with wider access to information about a claimant. The Department told us that "one of the elements [it is] testing quite heavily at the moment" in health transformation areas is how "is the way we use case management".[17]

11. The Department has started to process applications from claimants living in specific postcodes in London and Birmingham through the health transformation. The Department acknowledged that the two health transformation areas alone will not provide it with a representative sample of claimants and that it will need a wider range of claimants to give assurance that the proposed changes to the service are working as expected. It told us that it planned to try the new service in a range of different areas and to make sure that it took into account a "wide range of customer types from across the country" as part of its evaluation of the new service.[18] It intends to increase the number of claimants involved in its testing to up to 20% of new claims nationally to provide it with sufficient volumes to provide it with the assurance it needs.[19]

12. In order to deliver the new service from 2029, the Department told us it needs certainty over the design of the new health assessments service by 2027 to either procure the new

12 Qq 45–46
13 Q 47
14 Q 76
15 Q 12; C&AG's Report, para 3.14
16 Q 22; C&AG's Report, figure 10
17 Q 1; C&AG's Report, para 3.21
18 Q 25; C&AG's Report, para 2.10
19 Qq 25–26; C&AG's Report, para 2.10

services from contractors, or allow it sufficient time to bring the service in-house.[20] The NAO found that, to date, the Department had focused on building the digital system to manage cases and had not set out what evidence it needed for the test and learn activity to understand how the health assessment service it is designing is working.[21] The Department recognised that it had made a mistake early on in the programme, between 2018 and 2019, where it thought it could incorporate the transformation it wanted to achieve from the Programme into the procurement of the new contracts. It told us that its procurement timetables meant that this was not possible. As a result, it reset the programme so that it was able to separate out the initial transformation activity from the day to day running of its functional assessment services but still have contractors involved in both.[22] However, the Department told us it will need to work with the new contractors and its evaluation team to understand where in the country it needs to test the health assessment service to assure itself that it gets the data and information it needs to be able to assess the success of the transformed service.[23]

Monitoring progress

13. In May 2023, the Department published the evaluation strategy for the Programme.[24] The evaluation strategy includes nine key performance indicators, which focus more on the performance of the service the Department is building rather than the outcomes for claimants. The NAO found that the Department was still working out what metrics it will use and what data it needs to monitor the transformation of the service as a whole. We therefore asked the Department whether its performance indicators were fit for purpose. The Department asserted that it wanted to be "very open" about its approach to evaluation and the key performance indicators it was seeking to use, and that there were two elements it was considering as part of this – the first where it did not yet have the data it needed, and the second where it had the data but needed to be clear about which metrics it would use and monitor. It explained that, of the nine key performance areas, there was one, covering "customer query resolved at first contact", where it had not yet identified what data it needed to monitor this. The Department explained that it had "not yet resolved exactly where that data is coming from and how draw that together" and that it thought that "we have time, but this is something we know that we need to do". The Department said it will update the business case in spring 2024.[25] In order that the Department's progress can be more accurately monitored, we would expect the business case to be included in the baseline assessments for its 47 key performance indicators.

14. We also asked the Department how it would ensure that the performance indicators and metrics it used encapsulated the outcomes intended from the Programme, and linked outputs to these outcomes. The Department acknowledged that there was more that it can do to "link some of these input/output metrics with outcomes". It similarly recognised that the overall objectives for the Programme were around "making a difference in outcomes for individuals' lives, making the right decision first time, increasing trust and understanding of the process, and helping more people into work".[26]

20 Qq 26–27
21 C&AG's Report, paras 3.14–3.15, 3.17
22 Q 20
23 Q 29
24 Q 32; Department for Work & Pensions, Health Transformation Programme evaluation strategy, 25 May 2023
25 Qq 32–33; C&AG's Report, figure 13
26 Q 33

15. We asked the Department whether it considered its existing performance indicators and metrics were adequate to ensure that it achieved the time and cost reductions, and increased satisfaction among claimants, intended for the Programme. The Department told us that it was seeking to provide the "best balance between outcomes and costs" through its testing to determine which service improvements to scale up. For example, the Department explained that its testing approach required some sophistication in order to consider when to best introduce case managers into the application process to achieve the right outcome.[27]

16. We asked the Department about how it measured the quality of benefit decisions, why it did not publish more information on the performance of contractors given the potential impact of their decisions on the lives of claimants, and about difference in satisfaction levels between the Department and Social Security Scotland. Social Security Scotland is starting to manage a wider range of benefits in Scotland, including a PIP replacement benefit – the adult disability payment. The most recent annual civil service employment survey shows that staff at Social Security Scotland generally view how it is operating more positively compared to the Department's staff. For example, the leadership and managing change theme for the Department in 2022 is 49.9 compared to Social Security Scotland of 67.4, a 17.5 percentage point difference.[28] The Department told us that it worked closely with colleagues in Social Security Scotland and that it intended to learn from it given that Social Security Scotland was "trying different things" in how it administered a similar benefits system.[29]

Working with contractors

17. The Functional Assessment Services contract will see a new set of contractors providing functional health assessments on behalf of the Department from 2024 to 2029 as an interim service until the Health Assessment Service is delivered in 2029. We asked the Department about the distinction between the Functional Assessment Service and the Health Assessment Service. The Department explained that the interim service would be "very similar to what it does at the moment" but will involve a single contractor delivering both health assessments for PIP and Work Capability Assessments within each geographic region rather than two contractors delivering one type of assessment in each geographical area.[30] The NAO's report found that the Department struggled to recruit healthcare professionals to support its health transformation areas and that it intended to alter the contracts for the functional assessment services so that contractors were responsible for providing the healthcare professionals required to deliver the service.[31] The Department believed that it has built sufficient flexibility into the functional assessment service contracts to allow it to bring the contractors in to support the expansion of transformation areas, however this would need to be separately negotiated.[32]

18. Integrating digital systems is a common source of contractual failure and dispute. Contractors can use difficulties in the roll-out of a new system as justification for not

27 Q 32
28 Q 42; Civil Service People Survey 2022: Benchmark Scores, table 3
29 Qq 2, 37, 43
30 Qq 6, 21
31 C&AG's Report, para 2.7
32 Q 62; C&AG's Report, para 18

performing to the contract.[33] The National Audit Office identified three sources of this integration that the Department will need to successfully manage: rolling out an IT system for its interim service contractors to use, working with contractors to test its new Health Assessments services using the case management system it is developing, and then rolling out the Health Assessment Service and IT system into new contracts in 2029. The Department told us that it had included sufficient flexibility in its contacts with providers to allow it to change them to include the scaling of the service, testing, and integration of systems that it needs. However, the NAO found that the Department is using standard service contracts and each change will need to be negotiated separately, which can be time consuming and introduces the risk of both cost increases and delay.[34]

19. There is also a risk that the current contractors will gain an advantage for the new service that reduces competition. One way to maintain competitive pressure on the contractors to perform is to keep open the question of whether the service will continue to be outsourced once the new service is rolled out in 2029. The Department told us that it still needs to decide whether to continue to contract out the health assessment aspect of applying for disability benefits or, bring it in-house. However, designing, introducing and implementing an in-house service would be time consuming and the Department would need to do a lot of preparatory work to maintain this as a realistic option.[35] We heard how the recruitment and retention of healthcare professionals has been a consistent challenge, but its contractors have successfully managed this challenge. External providers to the DWP have increased the number of healthcare professionals from 2,200 in May 2015 to 4,130 in February 2023.[36] This would remain a significant challenge for a potential in-house service. The Department told us that in-housing health assessments was challenging due to civil service pay and the career structure and that it lacked the "recruitment, retention and management skillset" which would help attract and motivate healthcare professionals to work in an in-housed service.[37]

20. The Department recognised that Social Security Scotland is changing how it operates compared to the Department. For example, Social Security Scotland has brought the functional health assessments process in-house, something the Department says would be challenging to successfully do nationally.[38] The Department told us that it reviewed its delivery options regularly using the Cabinet Office's delivery model assessment tool, which helped it work through its delivery options in a structured way. It explained that the assessment has concluded "that the risks were too great for [the Department] to try to do this in-house and to manage this alongside everything else". However, the Department recognised that there were valuable opportunities to learn, should Social Security Scotland's in-housing of assessments prove successful.[39]

33 C&AG's Report, para 3.7–3.8, Figure 15
34 Q 31; C&AG's Report, para 3.8
35 Qq 3, 27; C&AG's Report, para 18; Cabinet Office, The Sourcing Playbook, June 2023, page 15, para 4
36 C&AG's Report, para 1.11
37 Qq 3, 36
38 Qq 27, 36–37, 43
39 Qq 36–37

2 Improving trust and transparency

Working with stakeholders and publicising the Programme

21. The NAO found that the department had worked with stakeholders to design the Programme but had not promoted the programme widely to the public.[40] The Department told us that engaging with disabled people and their representative bodies and the public, is "really important" for the Programme. The Department explained that it had a national stakeholder strategy, as well as a regional approach to engagement, and engagement with individual service users. Nationally, the Department told us it had so far held 18 workshops with over 72 different organisations, and was continuing to hold workshops. It said that it had another workshop scheduled "specifically looking at this new apply-for-PIP service, which [the Department is] looking to make national next year, to show where [they] have got to and to gather any thoughts".[41] The Department explained that at a regional level, in the health transformation areas in Birmingham and London the Department engaged locally with stakeholders and MPs. On an individual level, the Department said that as it was designing the new services, it brought in customers to understand the needs and requirements of claimants and use this to shape the new service. It said that this had helped "design individual elements of the service right down to the wording on the screen and how you navigate through".[42]

22. The Department has yet to widely publicise or raise awareness of the changes the Programme is likely to bring to functional health assessments. We therefore asked whether the Department planned to have national information programme or equivalent to inform people about the changes to the benefits system. The Department agreed that this was something it should look at as it scaled up the health assessment service, and that this should form part of its "wider consideration about how it communicates with customers and that campaigns that we run". However, the Department told us that it had "a couple of years before we are doing that".[43]

23. We received written evidence from some charitable organisations who work with people with disabilities, who said that they would support many of the proposed changes the programme is designed to deliver. For instance, three of the four organisations who wrote to us expressed the need for benefit assessors to be specially trained to assess claimants with particular disabilities.[44] The Autism Society told us that some assessors were unfamiliar with the different forms autism and can mistakenly deny benefits to people who do not fit a stereotypical understanding of autism.[45] The Department told us it potentially planned to trial specialist assessors for specific health conditions to help them "direct the claim where it needs to go".[46]

40 C&AG's Report, para 3.23–3.25
41 Q 52
42 Qq 52, 55; C&AG's Report, para 2.10
43 Q 53
44 The National Association of Disabled Staff Networks (RDB00001) para 6; Cystic Fibrosis Trust (RDB00002) para 4; The National Autistic Society (RDB0004) para 6–7
45 The National Autistic Society (RDB0004) para 5
46 Q 1

Improving decision-making and maintaining consistency while testing

24. As part of the Programme, the Department wants to ensure that the new service provides "getting the decision right the first time more of the time". It recognised this may mean it needs to spend "more time up front to get the decision right the first time".[47] When claimants are unhappy with the initial benefit decision they have the opportunity to appeal through a mandatory consideration and then ultimately to a tribunal. Between April 2018 and March 2022, the Department made 2.1 million initial decisions about applications for PIP, of which 0.5 million claimants raised a mandatory reconsideration. Around 15% of the initial decisions where the claimant was not awarded full amount of PIP payment were later revised – either by the Department through mandatory reconsideration or by being overturned at appeal.[48] The Cystic Fibrosis Trust reported that sufferers who it had supported through the tribunal process had their case decided in their favour.[49]

25. We therefore asked the Department whether it was concerned that so many decisions were being overturned. The Department stressed that there was a degree of judgement involved in the health assessment process it used to determine eligibility for disability benefits, compared to, say, a mathematical formula, which could be used for benefits such as income replacement benefit or state pension. It explained that "a huge amount of time" went into understanding the way in which a particular health condition is disability was affecting someone's daily living or mobility, "but you can sometimes look at the same situation and take a different judgement". It explained that this was rarely because new evidence was provided, but sometimes because the medical condition had fluctuated over time. It told us that in some instances, when it came to a tribunal, "the case is put more clearly or the questions are answered in a different way, and you suddenly see the picture more clearly than earlier in the process when it was missed".[50]

26. The Department is testing improvements to the how it decides disability benefits using functional health assessments by developing the new health assessment service and the PIP application service within health transformation areas located in London and Birmingham. It told us that part of the testing would look at how it can "make it clearer up front what it is that customers need to be telling [it], what [it is] looking for and what evidence is relevant to help [the Department] to get the decision right first time".[51] We heard that the Department intends to scale the testing into the contracts it will sign with interim providers, to include up to 20% of all new claims by 2026. The Department explained that it will need to work with providers and its evaluation team to determine what areas of the country it needs to expand testing into get the data it needs for a representative sample.[52]

27. The Department is running two distinct health assessment services, one processing most claims using its current approach and one which is testing how it might change its approach in the future. We asked the Department how it was ensuring that any issues with the pilot service were being picked up and that claimants in the trial areas were not being disadvantaged. The Department told us that in the early stages of the testing, there were relatively few claims being processed in the new way, there was a lot of support available, including senior staff reviewing "each and every case as it comes through". It

47 Q 15
48 Qq 13, 15; C&AG's Report, Figure 8.
49 Cystic Fibrosis Trust (RDB00002) para 4
50 Q 15
51 Q 15
52 Qq 22, 25–26, 29

also told us that it had "active management through a case manager", which it didn't have for the current service, which meant that it could pick up and address issues quickly.[53] The Department told the us that it had a 'very low tolerance for inconsistency between the two services'.[54] The Department said that it was being very careful to ensure that it was applying the legislation in a consistent way, that it was providing the same standard of service, and that the outcomes were right for customers.[55]

Providing transparency to Parliament

28. An accounting officer assessment (AO assessment) is an important mechanism to help hold government to account for how it spends public money, whilst also providing a framework for accounting officers to show how their decisions on major programmes align with expected standards. AO assessments have been a key part of the accountability framework for many years, and we have continually advocated for their use to support high quality decision making and enhance transparency across Whitehall. We have seen the value of accounting officer assessment when scrutinising previous government programmes. AO assessments can help accounting officers in several ways – they support decision making about whether a project or programme should go ahead, or whether a ministerial direction is required before doing so. They can also help accounting officers consider a programme's political context alongside practical implementation and act as 'corporate memory' and 'audit trail' for earlier decisions.[56]

29. When we examined the Accounting Officer Assessment process in November 2022, we were disappointed that Departments were not making as much of these assessments as they should. We found that accounting officer assessments were not being used widely enough across government, Despite the fact that HM Treasury was encouraging departments to publish summaries "as soon as possible", subject to considerations such as commercial sensitivities. We concluded that HM Treasury had not done enough to support accounting officers to comply with its requirement to complete and publish AO assessments.[57] In July 2022, the NAO found that accounting officers were not consistently publishing their assessments in line with HM Treasury guidance.[58] As part of our November 2022 inquiry, HM Treasury told us that while it was "very clear for some programmes that an AO assessment was needed, for other more judgement is required". It recognised that more needed to be done to create a culture where accounting officers consistently saw the benefits and value in completing an AO assessment.[59] HM Treasury has since undertaken to work with the Infrastructure and Projects Authority to track which projects are due an accounting officer assessment.[60]

30. HM Treasury policy is that all programmes within the Government Major Projects Portfolio (GMPP) should have an accounting officer assessment conducted initially in

53 Q 30
54 Q 49
55 Q 30
56 Committee of Public Accounts, Improving the Accounting Officer Assessment Process, Twenty-Eighth Report of Session 2022–23, HC43, 30 November 2022
57 Committee of Public Accounts, Improving the Accounting Officer Assessment Process, Twenty-Eighth Report of Session 2022–23, HC43, 30 November 2022
58 C&AG's Report, *Accounting officer assessments: improving decision making and transparency over government's major programmes*, Session 2022–23, HC 65, 11 July 2022
59 Committee of Public Accounts, Improving the Accounting Officer Assessment Process, Twenty-Eighth Report of Session 2022–23, HC43, 30 November 2022
60 Letter dated 28 February 2023 from HM Treasury Para 8

principle at an early point in the programme's development and then again, as appropriate, in more detail at suitable strategic points in the programme's development. HM Treasury published updated accounting officer assessment guidance in May 2023 which now says that "accounting officer assessments for GMPP programmes should be published at the earliest decision-making process".[61] We asked why, given the Programme was included in the GMPP in 2019 and as a matter of transparency and openness, the Department had not published a summary accounting officer assessment for the programme. It told us that it had not technically needed to until the guidance from the Treasury was changed to say that accounting officer assessments for GMPP programmes should be published at the earliest decision-making process. It explained that, prior to the change in guidance, an accounting officer assessment was required "at the point of the outline business case" which is planned to publish in Spring 2024, at which point it would also publish the accounting officer assessment.[62] We note, however, that the principle in place since 2017 was that a summary accounting officer assessment should be published at the earliest opportunity. This programme has been running since 2018, has been reset once, spent £168 million to date and is about to commit £2 billion of taxpayer's money to reprocure health assessment services until 2029.[63]

31. Despite the lack of an accounting officer assessment for the programme, the Department told us that it had "sought to be transparent throughout" and had published information on the Programme as part of the Department's annual report. It noted that the Infrastructure and Projects Authority also published an annual review of the GMPP, which included the Programme. The Department therefore considered that it had been "as transparent as possible".[64] The NAO report found, however, that the Department included high-level Programme objectives in its 2021 green paper and 2023 health and disability white paper, but not details about the Programme's timetable or detailed benefits and risks.[65]

61 Q 34; HM Treasury's Accounting Officer Assessments Guidance (May 2023) para 1.4 available at: AOA_guidance_May_2023__3_.pdf (publishing.service.gov.uk)

62 Q 34

63 C&AG's Report, para 2.4, 2.12–2.14.

64 Q 34

65 C&AG's Report, para 3.25

Formal minutes

Thursday 9 November 2023

Members present

Dame Meg Hillier, in the Chair

Sir Geoffrey Clifton-Brown

Mr Jonathan Djanogly

Mrs Flick Drummond

Peter Grant

Ben Lake

Anne Marie Morris

Sarah Olney

Declaration of interests

The following declarations of interest relating to the inquiry were made:

6 July 2023

Olivia Blake declared the following interests: Chair of the SEND All-Party Parliamentary Group and Vice Chair of the All-Party Parliamentary Groups on Eating Disorders and ADHD.

Revising health assessments for disability benefits

Draft Report (*Revising health assessments for disability benefits*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 31 read and agreed to.

Summary agreed to.

Introduction agreed to.

Conclusions and recommendations agreed to.

Resolved, That the Report be the Third Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available (Standing Order No. 134).

Adjournment

Adjourned till Monday 13 November at 3.30 p.m.

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the inquiry publications page of the Committee's website.

Thursday 6 July 2023

Peter Schofield CB, Permanent Secretary, Department for Work and Pensions; **James Bolton**, SRO, Health Transformation Programme, Department for Work and Pensions; **Katie Farrington**, Director General, Disability, Health and Pensions, Department for Work and Pensions	Q1–76

Published written evidence

The following written evidence was received and can be viewed on the inquiry publications page of the Committee's website.

RDB numbers are generated by the evidence processing system and so may not be complete.

1 Cystic Fibrosis Trust (RDB0002)

2 National Association of Disabled Staff Networks (NADSN) (RDB0001)

3 Sense (RDB0003)

4 The National Autistic Society (RDB0004)

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the publications page of the Committee's website.

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2nd	The condition of school buildings	HC 78

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44th	The Digital Services Tax	HC 732
45th	Department for Business, Energy & Industrial Strategy Annual Report and Accounts 2021–22	HC 1254
46th	BBC Digital	HC 736
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48th	MoD Equipment Plan 2022–2032	HC 731
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